

RECORD OF LEAVE DATA

1. Name (Last, First, Middle)				2. Social Security Number				3. (For agency use)																
4. Date and Nature of Separation				5. A. Subject to 5 U.S.C. 6304(B) (45 day leave ceiling) <input type="checkbox"/> Yes <input type="checkbox"/> No				B. Last Date Subject to 5 U.S.C. 6304(B)				C. Annual Leave Balance as of That Date (Hours)												
6. Total Service for Leave (as of Date of Separation)				<input type="checkbox"/> More than 15 Years <input type="checkbox"/> Less Than 15 Years (show)				Years				Months				Days								
SUMMARY OF ANNUAL AND SICK LEAVE										SUMMARY OF HOME LEAVE														
7. Carryover Balance From Prior Leave Year Ending		MO.	DAY	YEAR	HOURS			18. Basic Service Period of 24 Months of Continuous Service Abroad:		Date Started		MO.	DAY	YEAR	19. Current 12 Months Accrual Period Began on		MO.	DAY	YEAR	Date Completed		MO.	DAY	YEAR
					Annual	Sick	Restored																	
8. Current Leave Year Accrual Through Pay Period Ending (if 90 day restriction applicable, explain in remarks)																								
9. Total																								
10. Reduction in Credits, If Any (current year)																								
11. Total Leave Taken, Current Year Through Date of Separation																								
12. Balance																								
13. Total Hours Paid in Lump Sum (includes _____ hours for holidays)																								
14. Salary Rate(s) Per Hour:																								
15. Lump Sum Leave Dates (if part-time tour, explain in Remarks)			MO.	DAY	YEAR	HOURS	22. Dates Leave Used Prior 24 Months		FROM			TO			23. During Current Calendar Year		FROM			TO				
		From							MO.	DAY	YEAR	MO.	DAY	YEAR			MO.	DAY	YEAR	MO.	DAY	YEAR		
		Thru																						
a. Restored		From																						
b. Annual Leave Above Ceiling		From																						
c. Annual Leave Within Ceiling		From																						
		Thru																						
ABSENCE WITHOUT PAY																								
16. During Leave Year in Which Separated						Hours		23. During Current Calendar Year		FROM			TO			A. Regular-Active Duty or Training		FROM			TO			
										MO.	DAY	YEAR	MO.	DAY	YEAR			MO.	DAY	YEAR	MO.	DAY	YEAR	
17. A. Date of Last Equivalent Increase						MO.	DAY	YEAR																
B. Total LWOP Hours Since Last Equivalent increase (except during military service and while in receipt of OWCP payments)						Hours																		
24. Remarks (include shore leave information, if applicable):																								
25. Certified Correct By: (Signature)										26. Title, Agency, Address, Telephone Number										27. Date				